

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

John Howell  
Nici June  
Kerille W  
Stephanie  
file: CMS  
SPA 06-003

June 27, 2006

Dr. Thomas Badgett  
Acting Medicaid Commissioner  
Department for Medicaid Services  
Sixth Floor  
275 East Main Street  
Frankfort, Kentucky 40621-0001

JUL 6 2006

Attention: Stephanie Brammer-Barnes

RE: Kentucky Title XIX State Plan Amendment, Transmittal #06-003

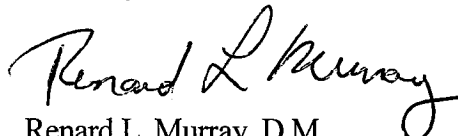
Dear Dr. Badgett:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 06-003. This amendment reflects Kentucky's intent to buy-in for individuals within categories listed at 42 CFR 407.42(b)(6), including categorically needy individuals who are receiving Supplemental Security Income (SSI) or State Supplementary Payment (SSP) cash assistance, individuals who are treated for Medicaid eligibility purposes as though they were receiving SSI or SSP, Qualified Medicare Beneficiaries, and individuals who would be SSI/SSP eligible except for the increase in Old Age, Survivors, and Disability Insurance (OASDI) benefits under Public Law 92-336.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 06-003 is approved. The effective date for this amendment is January 1, 2006. We are also enclosing the approved HCFA-179 and plan page.

If you have any questions or need any further assistance, please contact Maria Donatto at (404) 562-3697.

Sincerely,



Renard L. Murray, D.M.  
Associate Regional Administrator  
Division of Medicaid & Children's Health

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
06-003

2. STATE  
Kentucky

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 1998

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 C.F.R. 431.624

Section 1843(b) and 1905(a) of the Act

7. FEDERAL BUDGET IMPACT:

This amendment is submitted only to clarify Kentucky's intent and is effective as of the same date as TN No. 98-02. This amendment does not result in any increase in FFP. Kentucky requests that CMS accept the proposed retroactive effective date for this amendment in accordance with the exception to the general rule about the first day of the quarter following the date of submission, as indicated at 42 CFR 430.20(b)(3).

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 29b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Page 29b

10. SUBJECT OF AMENDMENT:

Buy-in

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review delegated  
to Commissioner, Department for Medicaid  
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Shannon R. Turner, J.D.

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED:

16. RETURN TO:

Department for Medicaid Services  
275 East Main Street 6W-A  
Frankfort, Kentucky 40621

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 31, 2006

18. DATE APPROVED:

June 26, 2006

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2006

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Renard L. Murray, D.M.

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

Approved with the following change as authorized by the State Agency on e-mail dated  
June 21, 2006: Item 4: Changed to read "January 1, 2006".

State: Kentucky

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(vi) Other Medicaid Recipients

1843(b) and 1905(a)  
of the Act and 42  
CFR 431.625

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X Individuals within categories listed at 42 CFR 407.42 (b)(6), including categorically needy individuals who are receiving SSI or SSP cash assistance; individuals who are treated for Medicaid eligibility purposes as though they were receiving SSI or SSP; Qualified Medicare Beneficiaries; and individuals under Attachment 2.2-A, item A. 21., who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336.

— All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV or XVI (ABD or SSI); (b) receiving State supplements under title XIV; or (c) within a group listed at 42 CFR 431.625(d)(2).

— Individuals receiving title II or Railroad Retirement benefits.

— Medically needy individuals (FFP is not available for this group).

(2) Other Health Insurance

1902(a)(30) and  
1905(a) of the Act

— The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).